

GIC Health Plan Rates – Monthly Rates as of July 1, 2009

For THE TOWN OF HOLBROOK ENROLLEES



Commonwealth of Massachusetts
Group Insurance Commission

Active Employees, Retirees, and Survivors *WITHOUT MEDICARE*

Includes 0.33% Administrative Fee



HEALTH PLAN	TEACHER Who Retired Before July 1, 2009			EMPLOYEE and Non-Medicare Retiree/Survivor		
	Pays Monthly %	Pays Monthly \$	Pays Monthly \$	Pays Monthly %	Pays Monthly \$	Pays Monthly \$
		Individual Coverage	Family Coverage		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	10%	\$ 40.57	\$ 97.38	10%	\$ 40.57	\$ 97.38
Fallon Community Health Plan Select Care	10%	\$ 49.20	\$118.07	10%	\$ 49.20	\$118.07
Harvard Pilgrim Independence Plan	10%	\$ 52.63	\$127.37	10%	\$ 52.63	\$127.37
Health New England	10%	\$ 43.11	\$106.86	10%	\$ 43.11	\$106.86
Navigator by Tufts Health Plan	10%	\$ 51.91	\$125.07	10%	\$ 51.91	\$125.07
NHP Care (<i>Neighborhood Health Plan</i>)	10%	\$ 41.68	\$110.46	10%	\$ 41.68	\$110.46
UniCare State Indemnity Plan/Basic <i>with</i> CIC (<i>Comprehensive</i>)	10%	\$ 76.76	\$179.18	30%	\$230.27	\$537.54
UniCare State Indemnity Plan/Basic <i>without</i> CIC (<i>Non-Comprehensive</i>)	10%	\$ 73.20	\$170.94	30%	\$219.61	\$512.81
UniCare State Indemnity Plan/ Community Choice	10%	\$ 41.13	\$ 98.71	10%	\$ 41.13	\$ 98.71
UniCare State Indemnity Plan/PLUS	10%	\$ 53.24	\$127.07	10%	\$ 53.24	\$127.07

Retirees and Survivors *WITH MEDICARE*

HEALTH PLAN	TEACHER Who Retired Before July 1, 2009		RETIREE AND SURVIVOR	
	Pays Monthly Per Person		Pays Monthly Per Person	
	%	\$	%	\$
Fallon Senior Plan*	10%	\$20.02	10%	\$ 20.02
Harvard Pilgrim Medicare Enhance	10%	\$35.00	10%	\$ 35.00
Health New England MedPlus	10%	\$36.34	10%	\$ 36.34
Tufts Health Plan Medicare Complement	10%	\$32.16	10%	\$ 32.16
Tufts Health Plan Medicare Preferred*	10%	\$17.81	10%	\$ 17.81
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with</i> CIC (<i>Comprehensive</i>)	10%	\$35.30	30%	\$105.89
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without</i> CIC (<i>Non-Comprehensive</i>)	10%	\$34.24	30%	\$102.71

* Rates are subject to federal approval and may change January 1, 2010.

Rates are Calculated by the Town of Holbrook Benefits Office.

Rate questions? Call: 1.781.767.4316